



**WAGE VERIFICATION FORM (CONTINUED)**

**How often is the pay received?**

Daily  Weekly  Every 2 weeks  Twice a month  Monthly  Other

**What day of the week is the pay received?**

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**Does your company help pay for child care?**  Yes  No

If yes, how much? \$ How often? \_\_\_\_\_

**What days and hours will this individual work?**

Earliest time in: \_\_\_\_\_ Latest time out: \_\_\_\_\_

Circle days this individual will work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**If the individual is no longer employed by you, complete the following information:**

**Reason for termination of employment:**

Quit  Fired  Laid off  Other: \_\_\_\_\_

Date employment terminated: \_\_\_\_\_ Date final pay received: \_\_\_\_\_

Amount of gross income received during the last month of employment:

\$ \_\_\_\_\_

If this person quit, please explain the circumstances (reason given by employee):

\_\_\_\_\_

**Thank you for your assistance in this matter. If you have any questions regarding this form, Please contact a child care subsidy caseworker at (919) 718-4690.**

**PERSON COMPLETING THIS FORM SHOULD SIGN BELOW.**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Name and Title of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Address

( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City State Zip Code